

**RETIREE
HEALTH INSURANCE PROGRAMS
MONTHLY COST BEGINNING FEBRUARY 1, 2005 THROUGH JANUARY 31, 2006**

GREAT-WEST	POS 100	POS 90	PPO - STANDARD	PPO – HIGH DEDUCTIBLE
RETIREE + DEPENDENT(S)	\$ 854.14	\$ 706.90	\$ 759.39	\$ 464.53
SINGLE RATE	\$ 681.68	\$ 565.61	\$ 595.46	\$ 369.91
PACIFICARE	HIGH	LOW*		
RETIREE + DEPENDENT(S)	\$ 769.70	\$ 577.65		
SINGLE RATE	\$ 534.86	\$ 391.77		

RETIREE DENTAL INSURANCE PROGRAMS

DELTA DENTAL - \$ 85.32 PER MONTH (**\$1,023.84 PER YEAR**) \$2,000 Annual Maximum Coverage Limit per person if DPO network dentist used.
\$1,000 if out of network dentist used.

PACIFICARE - \$ 42.60 PER MONTH (**\$511.20 PER YEAR**) No Annual Maximum Coverage Limit.

* Available during retiree open enrollment

**RETIREE
MEDICARE SUPPLEMENT HEALTH INSURANCE PROGRAMS
MONTHLY COST BEGINNING FEBRUARY 1, 2005 THROUGH JANUARY 31, 2006**

**GREAT-WEST MEDICARE SUPPLEMENT PLAN
(must have Part A & B of Medicare)**

RETIREE ON MEDICARE + NON-MEDICARE DEPENDENT	POS 100 - \$ 854.14 POS 90 - \$ 706.90 PPO (Standard) - \$ 759.39 PPO (High Deductible) - \$ 464.53
TWO MEDICARE MEMBERS (RETIREE + SPOUSE)	\$ 817.22
ONE MEDICARE MEMBER – RETIREE OR SURVIVING SPOUSE	\$ 408.61

SECURE HORIZONS. MEDICARE MEMBER MUST ASSIGN MEDICARE BENEFITS TO PACIFICARE

ONE MEDICARE MEMBER WITH TWO OR MORE NON-MEDICARE MEMBERS	\$ 1, 008.39
ONE MEDICARE MEMBER WITH ONE NON-MEDICARE MEMBER	\$ 569.89
TWO MEDICARE MEMBERS WITH ONE NON-MEDICARE MEMBER	\$ 847.42
TWO MEDICARE MEMBERS	\$ 408.92
ONE MEDICARE MEMBER	\$ 204.46

RETIREE DENTAL INSURANCE PROGRAMS

DELTA DENTAL - \$ 85.32 PER MONTH (\$1,023.84 PER YEAR)	\$2,000 Annual Maximum Coverage Limit per person if DPO network dentist used. \$1,000 if out of network dentist used.
PACIFICARE - \$ 42.60 PER MONTH (\$511.20 PER YEAR)	No Annual Maximum Coverage Limit.